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Basic Record and Report Forms for Speech and Hearing Programs in Ohio.

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Descriptors-*Administration, Case Records, Conferences, Equipment, *Exceptional Child Education, Facilities, Hearing Therapists, Medical Evaluation, *Records (Forms), School Services, School Surveys, Speech Evaluation, Speech Therapists, *Speech Therapy, *State Programs, Student Evaluation

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Record and report forms for speech and hearing programs in Ohio are provided for the following areas: speech evaluation (including the articulation test, audiometric evaluations, peripheral speech mechanism and muscle coordination, voice, skill of expression, classification of speech problem, related data, and remarks and recommendations); otorhinolaryngologist's report; report of laryngoscopy; speech therapy log; conference report; and final case summary. Also included are forms for space and equipment inventory, results of speech survey within the school, report of coordination activities, periodic report to superintendent, semi-annual progress report to the superintendent, teacher request for speech and hearing evaluation, report of the evaluation, classroom teacher's evaluation of speech progress, and periodic report to parents. A long case history form is not offered, but left to the speech therapist to develop. A bibliography cites six guides or texts for therapists and five diagnostic tests. (JD)

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BASIC RECORD AND REPORT FORMS
FOR
SPEECH AND HEARING PROGRAMS IN OHIO



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BASIC RECORD AND REPORT FORMS
FOR
SPEECH AND HEARING PROGRAMS IN OHIO

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PUBLIC SCHOOLS

SPEECH EVALUATION

Name _____ Birthdate _____ Age _____ Sex _____

School _____ Grade _____ Room _____

Parent or Guardian _____ Address _____ Telephone _____

Father's Occupation _____ Mother's Occupation _____

I. Articulation Test Date: _____ Examiner _____

Type of Test: Picture _____ Sentence _____ Other: _____

Consonants:	I	M	F	Comments	Blends:	Comments		Comments
m					bl		sn	
b					fl		sp	
p					gl		st	
w					kl		sw	
h					pl		gz	
n					sl		ks	
t					spl		dw	
d					dl		kw	
k					tl		Vowels:	
g					ʒ/		i(eat)	
ʒ					br		I(sit)	
j					dr		ɛ(ten)	
f					fr		æ(hat)	
v					gr		ʌ(cup)	
ð					kr		a(far)	
s					pr		p(top)	
l					shr		ɔ(ball)	
θ					skr		U(book)	
ʒ					spr		u(moon)	
z					str		ju(new)	
s					tr		ʌ(nose)	
r					thr		ʌ(cow)	
tʃ					sk		eɪ(cake)	
dʒ					skw		əɪ(tie)	
hw					sm		ɔɪ(boy)	

Note: Consonants listed in usual order of development according to West, Ansberry, Carr, Rehabilitation of Speech (third edition p. 60), Harper and Brothers, 1957.

Key: Record substitution errors with sounds substitute. Mark omission (-); Distortion (Dis.); Inconsistent (Inc.). Circle sounds when they are corrected.

II. Audiometric Evaluations:

Dates: _____

Results: Is hearing normal? Yes____; No____

III. Peripheral Speech Mechanism and Muscle Coordination: (check one on each line)

Lips: normal____; cleft____; mobility____

Teeth: normal____; maligned____; spaced____; missing____; false____;
malformed____; supernumerary____

Jaw: normal____; open bite____; over bite____; under bite____;
cross bite____; mobility____

Tongue: normal____; large____; small____; asymmetrical____;
mobility____

Hard Palate: normal____; cleft____; repaired____;
contour: flat____; deep and narrow____

Soft Palate: normal____; cleft____; repaired____; asymmetrical____;
mobility____

Nasal Cavities: normal____; septum: deviated____; nasal occlusion:
right____; left____; nares constriction____

Breathing: normal____; uneven____; deep____; shallow____; rapid____

General Mobility of Oral Structures: _____

IV. Voice: (check one in each line)

Quality: normal____; hoarse____; harsh____; breathy____; nasal____;
denasal____

Pitch: normal____; too high____; too low____; monotone____;

Pitch variability: adequate____; inadequate____

Intensity: normal___; too loud___; too soft___; uncontrolled___

Variability: adequate___; inadequate___

Rate: normal___; too rapid___; too slow___; uneven___;
monotonous___

V. Skill of Expression:

General conversational speech:_____

Oral reading:_____

Expressive ability:_____

Receptive ability:_____

Speech adequacy:_____

VI. Classification of Speech Problem:

_____ Articulatory

_____ Cerebral Palsy

_____ Language Disorders

_____ Voice Disorder

_____ Rhythm Disorders

_____ Impaired Hearing

_____ Cleft Palate and/or Lip

Previous Speech Therapy:

Dates:_____

Results:_____

Speech Recordings Available?_____

VII. Related Data:

A. Defects of Vision: _____

B. School Achievement: Slow Learner____; Below average____

Average____; Above average____; Grades repeated_____

C. Name of Tests Given: (give dates and scores)

D. Gross Motor Coordination: _____

E. Fine Motor Coordination: _____

VIII. Remarks and Recommendations:

OTORHINOLARYNGOLOGIST'S REPORT

Name of child: _____ Age _____ Parent: _____

Address: _____

Street City Zip Code

History of ear problem: _____

Ear, Nose and Throat Examination:_____

Diagnosis: _____

Prognosis: Stationary_____ Will Improve_____ Progressive_____

Was audiometric evaluation given? _____ Result: _____

Medical Recommendation: _____

Should hearing aid evaluation be considered?_____

Please return to: _____ M.D.

Title: _____ Address: _____

Address: _____ Date of Examination: _____

REPORT OF LARYNGOSCOPY

Name of Child: _____ Age: _____ Parent: _____

Address: _____
Street City Zip Code

Date of Examination: _____ Type: _____

General Health and Appearance: _____

Diagnosis: _____

Prognosis: _____

Medical Recommendation: _____

Should speech therapy be considered? _____

Do you recommend periodic checks? _____ When? _____

Please return to: _____ M.D.

Title: _____ Address: _____

Address: _____ Date of this report: _____

_____SCHOOLS

SPEECH THERAPY LOG

Name: _____

Classification of speech problem: _____

Working on: _____

Date: _____

Date: _____

Date: _____

Date: _____

Date: _____

SCHOOLS
Speech and Hearing Therapy

CONFERENCE REPORT

Participants: _____

Type: Telephone _____; School _____; Home _____

Initiated by: _____

Purpose: _____

Comments concerning the Interview: _____

Speech and Hearing Therapist

Date

SCHOOLS

FINAL CASE SUMMARY

Name: _____ School: _____ Grade: _____

Classification of Speech Problem: _____

Hearing: Normal _____ Recheck _____ Referred _____ Under Treatment _____

Comments: _____

Voice: _____

Fluency: _____

Language Usage: _____

Number of Parent Conferences: Telephone _____ Home _____ School _____

Number of Conferences with: Teachers _____; Principal _____; Nurse _____;

Psychologist _____; Other: _____

Cooperation of Child: Cooperative _____ Indifferent _____ Uncooperative _____

Cooperation of Parents: Cooperative _____ Indifferent _____ Uncooperative _____

Attendance: Possible Days _____ Days Present _____ Days Absent _____

Summary of Treatment: Number of Individual Sessions _____

Number of Group Sessions _____

Results: _____

Recommendations: Dismiss _____; Recheck _____; Retain _____

Speech and Hearing Therapist

Date

Space and Equipment Inventory for Speech and Hearing Therapy

Filing Cabinet ; Tape Recorder

	Satisfactory	Unsatisfactory	Needs Improvement as Follows:
Lighting			
Ventilation			
Heating			
Electrical Outlet			
Acoustics			

Approved for Service: By _____ Date _____
(Superintendent or coordinator of Speech Therapy Program)

_____SCHOOLS

Results of Speech Survey

Principal _____

School _____

On _____, a speech survey was made. The following is
a statistical account of the findings:

Number of children _____
seen in survey

Number of children with speech problems Mild _____ Moderate _____ Severe _____

Number enrolled in _____
speech therapy

Distribution of children enrolled in speech therapy classes according
to grade and type of problem:

Problem	1st	2nd	3rd	4th	5th	6th	TOTAL
1. Articulation							
2. Stuttering							
3. Voice Disorders							
4. Language Disorders							
5. Cleft Palate							
6. Cerebral Palsy							
7. Hearing Impaired							

_____ Speech and Hearing Therapist

Date of this report: _____

_____SCHOOLS
Speech and Hearing Services
REPORT OF COORDINATION ACTIVITIES

Month _____

First Week:

Second Week:

Third Week:

Fourth Week:

Speech and Hearing Therapist
Date of report: _____

_____SCHOOLS
Periodic Report to Superintendent
Speech and Hearing Services

Therapist: _____ Date: _____

	SCHOOLS					
Screened for Speech						
Screened for Hearing						
Threshold Tests						
Need Therapy						
Speech Therapy Enrollment						
Speechreading Enrollment						
On Waiting List						
Corrected						
Dismissed						
Improved						
No Improvement						
Parent Conferences						
Telephone Calls to Parents						
Home Visits						
Classes Visited by Therapist						

Meetings or Conventions attended:

NAME	PLACE	DATE	PARTICIPANT

_____SCHOOLS
Speech and Hearing Therapy
Semi-Annual Progress Report to the Superintendent

NAME OF SCHOOL _____

NUMBER SCREENED FOR SPEECH _____

NUMBER NEEDING THERAPY _____ (includes case load)

NUMBER ENROLLED:

____ Defects of Articulation

____ Language Disorders

____ Stuttering

____ Cleft Palate

____ Cerebral Palsy

____ Voice Disorders

____ Hearing Impaired

NUMBER ON WAITING LIST: Mild ____ Moderate ____ Severe ____ Total ____

PROGRESS OF THERAPY:

____ Corrected

____ Improved

____ No Improvement

____ Dropped or Transferred

____ Retained

RELATED DATA:

____ Medical Referrals

____ Psychological Referrals

____ Home Visits

____ Parent Conferences at School

OBSERVATIONS OF CLINICAL WORK BY:

____ Administrator

____ Parents or Guardians

____ Others

____ Talks at Meetings

____ Teacher Conferences

____ Telephone Conferences

Speech and Hearing Therapist

Date

_____ SCHOOLS

REQUEST FOR SPEECH AND HEARING EVALUATION

Name of Child: _____ Age: _____ Grade: _____

My interpretation of the speech and/or hearing problem: _____

Check other significant information:

- _____ Poor reader
- _____ Avoids speaking in class
- _____ Appears tense and nervous
- _____ Inattentive in class discussions
- _____ Discipline problem

Teacher: _____

School: _____ Room _____

Date: _____

_____SCHOOLS

REPORT OF SPEECH AND HEARING EVALUATION

To: _____ School _____
From: _____ Regarding _____
Grade: _____

Results of Speech Evaluation:

Result of Hearing Evaluation:

Suggested procedures for classroom teacher:

Recommendations:

Therapy recommended _____
Therapy now _____
Waiting List _____
No Therapy recommended _____

Thank you for referring this child.

Speech and Hearing Therapist

Date

_____SCHOOLS
CLASSROOM TEACHER'S EVALUATION OF
SPEECH PROGRESS

Child's Name: _____ Teacher's Name: _____

Grade: _____ Room _____ Please return to the speech
therapist by _____

Current Problem: _____

Improvement of speech when reading:

1. No improvement
2. Slight improvement
3. Considerable improvement
4. Inconsistent
5. Other

Speaking:

1. No improvement
2. Slight improvement
3. Considerable improvement
4. Inconsistent
5. Other

Remarks: _____

Signed: _____

Date: _____

_____ SCHOOL

PERIODIC REPORT TO PARENTS

Dear

_____ has attended speech class from _____
to _____.

We have been working on:

Your child has/has not attended speech class regularly.

Progress in the above mentioned work has been:

Very satisfactory	_____
Satisfactory	_____
Fair	_____
Slight	_____

Co-operation has been:

Very good	_____
Good	_____
Fair	_____
Poor	_____

Suggestions for you:

Speech and Hearing Therapist

Date

LONG CASE HISTORY FORM

When minimum basic records are kept current, a long case history form is not practical for every child enrolled in public school speech therapy. For children with multiple or severe problems, or for making referrals to other services, additional information should be summarized on a long case history form.

Since speech therapists have had experience in their university preparation with this type of form, they may prefer to develop their own form.

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